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February 5, 2007

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **DEPARTMENT OF HEALTH SERVICES (DHS)
HOMELESS PATIENT DISCHARGES**

This is to provide you with the fourth quarterly update on activities related to the discharge of homeless patients from DHS hospitals.

In the correspondence dated February 28, 2006, the Department committed to the following:

- 1) Work with the Department of Public Social Services (DPSS) to implement a pilot project out-stationing eligibility workers at DHS Hospitals if the Board approved this recommendation in the Homeless Prevention Initiative, and
- 2) Develop and implement a standardized policy within all DHS inpatient facilities by July 1, 2006, that will outline the expected discharge planning activities to be conducted on behalf of homeless or unstably housed patients.

DPSS Eligibility Workers at DHS Medical Centers

As previously reported, the out-stationing of DPSS eligibility workers at DHS hospitals to take General Relief, CalWORKS, and Food Stamp applications was implemented on July 25, 2006. As of January 17, 2007, 257 patients were referred to the on-site DPSS eligibility workers, 98 awards were granted and 11 applications were pending.

Policies for Patient Discharges

As stated in previous updates to your Board, DHS implemented the Discharge Planning Protocols and Procedures for Department of Health Services' Homeless or Unstably Housed Patients on July 1, 2006. In a subsequent correspondence to your Board dated December 29, 2006, I reported that this protocol was fully implemented and that the department was exploring other possible transportation options that offer a "warm hand-off," in which the transportation includes an escort into service provider agencies to ensure that patients connect with staff of those agencies. We are evaluating whether this service would lead to improved client outcomes and whether it would be cost-effective. We will report back to you with our findings in the next update.

This also serves to update your Board on two other DHS projects focused on improving access to resources and appropriate housing opportunities for our homeless or unstably housed patients.

Access to Housing for Health (AHH)

On June 26, 2006, your Board approved the Access to Housing for Health (AHH) Pilot Project, which is a partnership between DHS and the Community Development Commission (CDC), to provide DHS with a total of 100 Section 8 housing vouchers and 15 public housing units. The funding for AHH will provide the supportive services component, which includes temporary motel vouchers, first and last months rent, housing location services, case management and administrative costs.

On December 5, 2006, your Board approved the two AHH contracts with Del Richardson for the housing locator services and with Homeless Healthcare Los Angeles for case management, temporary housing, and first and last months rent. We plan to begin enrolling DHS patients in March 2007.

Expansion of Recuperative Care for Homeless Patients

On September 26, 2006, under the Homeless and Housing Program Fund (HHPF), your Board approved DHS to develop and implement 15 new recuperative care beds for homeless patients discharged from DHS facilities. We are in the process of developing the contract for these services which we will soon bring to you for your consideration.

In addition, DHS and the Hospital Association of Southern California initiated a Recuperative Care Coalition, which includes Kaiser Permanente, the National Health Foundation (NHF) and a number of other public and private entities in an effort to increase the number of recuperative care beds in Los Angeles County. In partnering with the above referenced agencies, the Recuperative Care Coalition hopes to implement an additional 30 recuperative care beds. The Coalition is finalizing their business plan and several private hospitals have indicated that they will fund a portion of this service. This increase will significantly improve our ability to discharge homeless patients to an appropriate level of care, as opposed to maintaining them in a hospital bed when acute care is no longer needed.

If you have any questions or need further information, please let me know.

BAC:lb
511:020

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors